

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MR G		12/10/99
O.I.P.E. CLASSIFIER		49	12/20/99
FORMALITY REVIEW		65703	1-11-00
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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